

Department of Motor Vehicles
Tax Services
P.O. Box 27422
Richmond, Virginia 23269-7422

**VIRGINIA FUELS TAX
DISTRIBUTOR'S SCHEDULE OF DISBURSEMENTS**

FT449 (01/01) ❖

Read the filing information and instructions on the back.

Schedule
Number

DISTRIBUTOR INFORMATION

PLEASE PRINT IN INK OR TYPE

Name	FEIN/SSN	Report Month/Year
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PRODUCT INFORMATION Check applicable box. (Complete separate schedules for each product type you disbursed.)

MODE OF TRANSPORTATION CODES

<input type="checkbox"/> 150-#1 Fuel Oil	<input type="checkbox"/> 228-Diesel-Dyed	<input type="checkbox"/> 065-Gasoline	<input type="checkbox"/> 092-Other Product Type _____	J - Truck	PL - Pipeline	B - Barge
<input type="checkbox"/> 125-Aviation Gasoline	<input type="checkbox"/> 160-Diesel-Undyed	<input type="checkbox"/> 152-Heating Oil		R - Rail	ST - Stationary Transfer	
<input type="checkbox"/> 130-Aviation Jet Fuel	<input type="checkbox"/> 123-Fuel Alcohol	<input type="checkbox"/> 142-Kerosene		S - Ship	BA - Book Adjustment	
<input type="checkbox"/> 122-Blending Components	<input type="checkbox"/> 124-Gasohol	<input type="checkbox"/> 175-Residual Fuel Oils				

PRODUCT DISBURSEMENT INFORMATION

[illegible]

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EXPORT INFORMATION *This section must be completed for all number 7 schedules. A schedule 7 must be filed for each product type exported and for each state to which product was exported.*

Company's Authorized Representative's Signature	Date	License/Account Number in Other State
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EXPORT CERTIFICATION *This certification must be completed by the state into which the product was imported.*

Number of Gallons Imported	State	Name of Importer
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I certify that the above information is true and correct according to the information reported to this office.

Signature of Authorized State Representative	Date
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Name of Authorized State Representative <i>(please print)</i>	Telephone Number ()
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INSTRUCTIONS

This schedule provides detail in support of the amount(s) shown as disbursements on your monthly Virginia fuels tax report.

You may submit a schedule summarizing your disbursements which must be formatted the same as the Distributor's Schedule of Disbursements. Complete separate summary schedules for each product type and group purchasers together. If you choose to submit summary schedules, you must still submit the schedules of individual disbursements.

- SCHEDULE NUMBER**..... Enter the schedule number for the product activity you are reporting. *(See Part A of the monthly report for required schedules.)*
- NAME**..... Enter the name of the company as shown on your monthly report.
- FEIN/SSN**..... Enter the company's FEIN or SSN as shown on your monthly report.
- REPORT MONTH/YEAR**..... Enter the month and year for which you are reporting.
- PRODUCT INFORMATION** Check the applicable box for the product type accounted for on this schedule.
- CARRIER'S NAME** Enter the name of the company that transported the product.
- CARRIER'S FEIN/SSN**..... Enter the FEIN or SSN of the company that transported the product.
- MODE** Enter the code for the mode of transport used to move the product. *(See Mode of Transportation Codes chart on front.)*
- POINT OF ORIGIN**..... Enter the IRS Terminal Control Number if the product was disbursed from a terminal. Otherwise enter the city and state where the disbursement occurred.
- POINT OF DESTINATION** Enter the IRS Terminal Control Number if the product was received into a terminal. Otherwise, enter the city and state where the product was delivered.
- PURCHASER'S NAME** Enter the name of the company that bought the product.
- PURCHASER'S FEIN/SSN**..... Enter the FEIN or SSN of the company that bought the product.
- DATE SHIPPED**..... Enter the date *(month, day, year)* the product was shipped.
- DOCUMENT NUMBER** Enter the terminal manifest number, pipeline/barge ticket number, or bulk plant withdrawal invoice number.
- BILLED GALLONS** Enter the total number of gallons billed.
- TOTAL (this page only)**..... Enter the sum of these columns for this page of the report.
- GRAND TOTAL (all pages)** Enter the sum of these columns for all pages of this report.